

Name: _____ SS #: _____
Last First MI

Work Location: _____ **Work Phone:** _____

E-Mail Address: _____

Record Of Completion	
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Core Courses:			Dates Taken
	<i>Regular Core Course</i>	<i>Enhanced Core Course</i>	
Choose One:	Achieving Communication Effectiveness (GI 077)	Communication Enhancement (GI 198)	
Choose One:	Customer Service (QM 002)	Developing a Customer Focused Organization (SC 254)	
Choose One:	Human Relations (SC 230)	Conflict Resolution (GI 165) and Dimensions of Leadership (GI 230)	
Business and Organizational Ethics (SC 240)			

AMS Courses:	Course #	Date Taken
Americans with Disabilities Act	NC 123	
Discipline, Grievances, and Contracts	NC 901	
Equal Employment Opportunity / Affirmative Action	NC 202	
Family and Medical Leave Act	NC 122	
Successful Search for Talent (formerly From Interview to Hire)	NC 301	
Investigating Employee Misconduct	NC 118	
Performance Evaluation	NC 401	
Preventing Sexual Harassment for Supervisors	NC 119	

The following signatures indicate awareness of this application and support for completion of this certificate program within three (3) years.

Supervisor Signature *Date* *Training Liaison Signature (State Employee Only)* *Date*

State Employees: Your agency's Training Liaison
Non-State Employees: PDS Training, DAS-HRE, Fax: (515) 242-6450, Phone: (515) 281-5456

Confirmed: _____ **Courses Valid Since:** _____ **Completion Date By:** _____

Certificate Sent: _____

